

Kentucky Crime Victims Compensation Board
130 Brighton Park Blvd., Frankfort, KY 40601

04/30/2011

COMPREHENSIVE CHILD SEXUAL ABUSE MEDICAL EXAM / TREATMENT BILLING FORM

Patient Name: _____

Patient Account #: _____

Fax completed forms and itemized bills to (502) 573-4817

For information, call: (502) 573-2290 / (800) 469-2120.

Full Amount: \$538.00

Partial Amount: _____

To be entered by CVCB:

CVCB case # _____

CHILD ADVOCACY CENTER INFORMATION

CAC Name: _____ Federal ID#: _____

Address: _____ Phone: _____

City _____ State _____ Zip _____ Contact: _____

I certify that a CCSAME exam as defined in 907 KAR 3:160 was performed, and that the sexual abuse was reported as required in KRS 620.030.

CAC Director (Print)

Signature

PATIENT INFORMATION

Name: First Middle Last Female _____ Male _____

Social Security #: _____ Date of Birth: _____

*Insurance: _____ Medicaid: _____ Date of Examination: _____ Time: _____ a.m. _____ p.m. _____

*Attach documentation of denied and /or partial payments.

SEXUAL ABUSE INFORMATION

Date of abuse: _____ Time: _____ a.m. _____ p.m. _____

Where abuse occurred: _____

MEDICAL CERTIFICATION

Failure of the examiner to certify that a CCSAME, as set forth in 907 KAR 3:160, was performed will result in the denial of your claim.

I hereby certify that a CCSAME, as set forth in 907 KAR 3:160, was performed by me upon the above-named patient on:

_____ 20 _____ Time: _____

Physician (print name)

License Number

Signature

Fax or mail completed form and bill to:
SAE Program
c/o Crime Victims Compensation Board
130 Brighton Park Blvd.
Frankfort, KY 40601
Fax: 502.573.4817

KRS 346.200(9) No charge shall be made to the victim for sexual assault examinations by the hospital, the sexual assault examination facility, the physician, the pharmacist or health department, the sexual assault nurse examiner, the victim's insurance carrier, or the Commonwealth.

I authorize the release of this information to KY Crime Victim Compensation Board for billing purposes.

Parent or Guardian's Signature

Date